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CONFIRMATION NO. 6231

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/723,429		705	4194	1039-0060

APPLICANTS

Eric Wohl, Austin, TX;
 Randolph Lipscher, Austin, TX;

**** CONTINUING DATA *******

This appln claims benefit of 60/430,249 12/02/2002
 and claims benefit of 60/430,450 12/03/2002

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TX	15	39	5

ADDRESS

LARSON NEWMAN ABEL POLANSKY & WHITE, LLP
 5914 WEST COURTYARD DRIVE
 SUITE 200
 AUSTIN, TX 78730
 UNITED STATES

TITLE

Medical data entry interface

FILING FEE RECEIVED 707	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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